

COMPLETE BIENNIAL GROUP HOME RATE APPLICATION

A complete rate application must be submitted for each group home and Community Treatment Facility (CTF) program in operation. A complete rate application is one that contains all the required documents necessary to set the rate. **This means that data is required for the corporation's prior two fiscal years. Ensure the program data identifies that the agency is in compliance with the program statement on file with Community Care Licensing and Foster Care Rates. If there is/has been a change to the program statement it constitutes a new program and the County will need to complete an exception to the Rates Moratorium.**

Please refer to the regulations and the instructions on the reverse side of each group home form when preparing the rate application. The instructions will assist you in completing the rate application package correctly. Please use the most current forms found on-line to complete the biennial reporting information. **The forms and documents listed in Sections 1, & 2 are required for a complete group home program rate application.**

SECTION 1: REQUIRED FORMS

A. SR & FCR forms:

- ☐ **SR 1 - Group Home Program Rate Application** with original signature;

Please ensure that you complete items# 6c and 8b (EMAIL) on this form. Information regarding foster care rates will be sent out to providers with email addresses on file. To receive updated information, please print clearly and legibly, or type in the address by using the form on-line.

- ☐ **SR 2 - Program Classification Report** –Two separate SR 2s are required for the previous two reporting periods. Use actual data, do not average or estimate. **On Line 16 of the second reporting period,** project your average points and RCL for the upcoming reporting period;

New providers, who began operating in either the first or second reporting period, must report actual data from the date of first placement through the end of your reporting period(s).

- ☐ **SR 5 - Group Home Program Days of Care Schedule** – Two separate SR 5s are required. Use actual data from the two previous reporting periods, do not average or estimate;
- ☐ **FCR 16- Self-Dealing Transaction Declaration** - Signed by the group home's Board President or authorized designee;

SECTION 2: OTHER REQUIRED DOCUMENTS

- ☐ 1.) A complete listing of the corporation's Board of Directors on *corporation letterhead* including full **names, titles, mailing addresses, phone numbers, and e-mail address**;
- ☐ 2.) Copy of Community Care Licensing (CCL) licenses for **all** facility locations under each program;
- ☐ 3.) Non Profit Declaration Statement: A statement signed and dated by all members of the Board of Directors;

Note: A group home provider is to immediately notify FCRB if the group home ceases to operate on a non-profit basis, becomes inactive, suspended, or otherwise is not in good standing with the Secretary of State.

- ☐ 4.) A training plan for the corporation's next two reporting periods for each program for which the additional .10 weighting is claimed for child care workers and supervisors. If the training weighting was not claimed during the biennial rate periods, a statement to that effect must be included with the rate application;
- ☐ 5.) A copy of the latest Statement of Information (SI 100) form filed with the California Secretary of State (SOS);
- ☐ 6.) Copy of the Articles of Incorporation endorsed by the Secretary of State;
- ☐ 7.) Tax-Exempt status letter from either Franchise Tax Board (FTB) or Internal Revenue Service (IRS). Initial letter is sufficient if there has been no change in your tax exempt status;
- ☐ 8.) Copies of **all** facility lease/rental agreements on all group home facilities (only if non-profit corporation rents or leases properties). If corporation owns properties, submit copy of **deed** with non-profit corporation's name on document). Corporation does not have to submit rental agreements on owned properties; however, please indicate corporation owns properties on FCR 16 (item #4) form;
- ☐ 9.) Current CCL-Approved Group Home **Administrator's Certificate**.

PLEASE NOTE: *If item 6 (above) is already on file with our Department, you do not have to submit this document again; however, **please indicate on a cover letter that this item is on file and there have been no changes since the last submission.***

For RCL 13/14 Group Homes Only:

- ☐ RCL 13/14 Mental Health Certification
- ☐ Signed statement of accepting children w/IPC.

For online forms or samples please refer to the Foster Care Rates Bureau, Rate Application Requirement website located here:

<http://www.childsworld.ca.gov/PG1359.htm>

WHERE TO SEND APPLICATIONS

A complete rate application must be mailed to the attention of your rates consultant at the following address:

**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
Foster Care Rates Bureau
744 P Street, M.S. 9-6-74
Sacramento, CA 95814**